# 11/06/01

# **Knobbe Martens Olson & Bear LLP**

intellectual Property Law

550 West C Street Suite 1200 San Diego CA 92101 Tel 619-235-8550 Fax 619-235-0176 www.kmob.com 1c997 U.S. PTO 10/007642

Raimond J. Salenieks Patent Agent rsalenieks@kmob.com

Assistant Commissioner for Patents Washington, D.C. 20231
BOX PATENT APPLICATION

### CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. :

GOLDENH.006A

Applicant(s)

Hutton et al.

For

BILLING MODIFIER MODULE FOR

INTEGRATED EMERGENCY MEDICAL TRANSPORTATION DATABASE SYSTEM

Attorney

Raimond J. Salenieks

"Express Mail"

Mailing Label No.

EL 871283721 US

**Date of Deposit** 

November 6, 2001

I hereby certify that the accompanying

Transmittal letter; specification in 16 pages; 3 sheets of drawings and Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Raimond J. Salenieks

S:\DOCS\RJS\RJS-4549.DOC 110601



Attorney Docket No. GOLDENH.006A

Date: November 6, 2001

Page 1

### ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Kevin C. Hutton and Scott J. Jones

For: BILLING MODIFIER MODULE FOR INTEGRATED EMERGENCY MEDICAL TRANSPORTATION DATABASE SYSTEM

## REQUEST AND CERTIFICATION UNDER 35 U.S.C. § 122(b)(2)(B)(i)

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. § 122(b).

Enclosed are:

(X)

- (X) 3 sheet(s) of drawings.
- (X) Return prepaid postcard.

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

CLAIMS AS FILED				
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$370	\$370
Total Claims	12 - 20 =	0 ×	\$9	\$0
Independent Claims	2 - 3 =	0 ×	\$42	\$0

Please use Customer No. 20,995 for the correspondence address.

Raimond J. Salenieks Registration No. 37,924 Agent of Record